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United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program Development  
4700 River Road, Unit 149  
Riverdale, MD 20737-1237  
Telephone: 301/734-8963

ENQL 7-1 CY04  
PERMANENT  
Retire 05/09

May 18, 2004

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) aggregate adverse effects incident report

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of April 30, 2004.

EPA Reg. No. 56228-15M-44 Cyanide Capsules  
Active Ingredient: CAS No. 143-33-9  
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
W-B	2
D-A	3

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail [kenneth.dial@aphis.usda.gov](mailto:kenneth.dial@aphis.usda.gov).

Sincerely,

*Daniel A. Bergsten - for Carl Bausch*

Carl Bausch  
Chief, Environmental Services  
Policy and Program Development

Enclosure

 **APHIS** Safeguarding American Agriculture  
APHIS is an agency of USDA's Marketing and Regulatory Programs  
An Equal Opportunity Provider and Employer

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE <b>W-B</b>	INCIDENT STATUS Date <input type="checkbox"/> New <b>03-09-04</b> <input type="checkbox"/> Update	DATE WS BECAME AWARE OF THE INCIDENT <b>03-09-04</b>	ES USE ONLY REPORT NUMBER
EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS		ADDRESS	
INCIDENT LOCATION CITY STATE COUNTY		SOURCE OF INFORMATION <input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)			

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop, range/land/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))]

**Range land / Pasture**

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

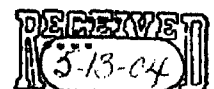
**Application - device set in field.**

EPA REGISTRATION NUMBER <b>56228-15</b>	PRODUCT NAME <b>M-44 Cyanide Capsules</b>	ACTIVE INGREDIENT <b>Sodium Cyanide</b>
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

**Raven pulled M-44 device.**

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE



## DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☒ Bird ☐ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☒ Wild

NUMBER OF ACRES AFFECTED

SPECIES COMMON NAME

Raven

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dead raven approximately 20 feet from  
M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

NA

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

NA

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

One sodium cyanide capsule, set in one M-44 device

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Open grassland / range land.

ADDITIONAL FACTORS

No other animal carcasses in area.

NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE <i>W-B</i>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT <i>4/6/04</i>	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New <i>4/6/04</i> <input type="checkbox"/> Update	Date of last submission		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY <i>1</i>	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

*Ingestion*

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

*Rangeland,*

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation)

*M-44 set for Coyote Control  
Raven Pulled M-44*

EPA REGISTRATION NUMBER <i>56228-15</i>	PRODUCT NAME <i>M-44 Cyanide Capsules</i>	ACTIVE INGREDIENT <i>Sodium Cyanide</i>	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) <i>N/A</i>	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

*Raven Pulled M-44*

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

11-29-04

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OF ACRES AFFECTED <i>N/A</i>
SPECIES COMMON NAME <i>Common Raven</i>	BREED (if known) <i>N/A</i>	

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS  
*Dead*

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):  
*N/A*

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)  
*1 dead Raven*

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)  
*M-44 unit set for coyote control*

WAS PREBAITING USED ON THE SITE (Describe)  
☐ Yes   ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED  
*Rangeland*

ADDITIONAL FACTORS

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE <b>D - A</b>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT <b>1-13-04</b>	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS) <b>N/A</b>	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS <b>SAME</b>	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

**M-44 FIRED CAPSULE**

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

**RANGELAND / PASTURE FOR CATTLE GRAZING**

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation)

**M-44 CYANIDE CAPSULE FIRED WHEN ACTIVATED BY DOMESTIC DOG**

EPA REGISTRATION NUMBER <b>56228-15</b>	PRODUCT NAME <b>M-44 CYANIDE CAPSULE</b>	ACTIVE INGREDIENT <b>SODIUM CYANIDE</b>
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) <b>N/A</b>	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

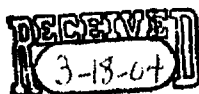
☐ Yes    ☒ No

**ALL M-44 EPA RESTRICTIONS WERE FOLLOWED.**

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

**M-44 UNITS WERE SET UPON REQUEST OF RANCHER, FOR PROTECTION OF NEWBORN CALVES FROM COYOTE. DATE SET WAS 1-7-04. ENTERED THE RANCH BY VEHICLE AT A POSTED GATE AND PROCEEDED 1/2 TO 3/4 MILE INTO THE RANCH TO THE LOCATION OF AN M-44 SET. THE DOG ACCOMPANYING HIM LOCATED THE UNIT, FELL IT, AND DIED. ADMITTED HE IGNORED THE WARNING SIGN. IS RELATED TO THE RANCH OWNER. NO SIGN OF DOGS WERE IN THE AREA PRIOR TO SETTING THE M-44'S.**

NAME OF PREPARED	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE



DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild
SPECIES COMMON NAME <b>DOMESTIC DOG</b>		NUMBER OF ACRES AFFECTED
BREED (if known) <b>CROSS-BREED</b>		

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

**DOG ACTIVATED M-44 SODIUM CYANIDE EJECTOR AND DIED AT SITE.**

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

**NO LAB TESTS.**

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

**1 DOMESTIC DOG KILLED**

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

**HAND PLACED M-44 UNIT**

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes   ☐ No

**N/A**

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

**M-44 UNITS WERE SET ON RANGELAND AT REQUEST OF RANCHER FOR PROTECTION OF NEWBORN CALVES. UNITS WERE SET AT LEAST 1/2 TO 3/4 MILE FROM ENTRANCE GATE. INDIVIDUAL UNIT WARNING SIGNS AND GATE WARNING SIGNS WERE POSTED PROPERLY.**

ADDITIONAL FACTORS

**DOG WAS ACCOMPANYING THE RANCHER. HE ENTERED THE PROPERTY AT THE MAIN GATE AND IGNORED THE WARNING SIGN.**

**ALL M-44 EPA RESTRICTIONS WERE FOLLOWED.**

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE  D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT  2-24-04	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 2-19-04	<input type="checkbox"/> Update Date of last submission		
EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS or different from reporter)	TELEPHONE NUMBER	
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation)
Livestock pasture	N/A

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Cyanide Capsules	ACTIVE INGREDIENT Sodium Cyanide 91.06%
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes    ☒ No

**SUMMARY OF THE INCIDENT (Attach supplemental form)**

Information gathered was all second hand from the farm lessee. Dog was free roaming approximately 1 mile from home when incident likely happened. Dog owner had retrieved the animal before I checked property. I never saw dog in question. No contacts by dog owner have been made.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	DST USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME <u>Domestic dog</u>	BREED (if known) <u>Irish Setter</u>
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Dog likely pulled m-44 and resulted in death of dog.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

In accordance with EPA 26 use restrictions.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes   ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

30 acre cattle pasture

ADDITIONAL FACTORS

N/A

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE  D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT  3/9/04	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 5/13/04 <input type="checkbox"/> Update	Date of last submission		
EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)		TELEPHONE NUMBER
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

**POSSIBLE DIRECT CONTACT**

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

LIVESTOCK PASTURE

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

WE ARE NOT CERTAIN THAT AN "ADVERSE INCIDENT" ACTUALLY OCCURRED. A DOMESTIC DOG WAS REPORTEDLY FOUND DEAD WITHIN 200 YARDS OF WHERE AN M-44 HAD BEEN SET. THE DOG WOULD HAVE BEEN TRESPASSING IF IT DID COME IN CONTACT WITH THE M-44.

EPA REGISTRATION NUMBER  56228-15	PRODUCT NAME  M-44 CYANIDE CAPSULES	ACTIVE INGREDIENT  SODIUM CYANIDE	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

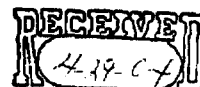
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes    ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

THE DOG WOULD HAVE BEEN CLOSE TO A MILE FROM ITS HOUSE WHEN IT MAY HAVE COME IN CONTACT WITH AN M-44. THE DOG'S OWNER FOUND ITS BODY AND BURIED IT. THE CARCASS WAS NEVER EXAMINED FOR ANY PESTICIDE RESIDUE (OR ANY OTHER CAUSE OF DEATH). WHEN THE DOG'S OWNER FOUND OUT THAT M-44'S WERE PLACED ON A NEIGHBOR'S PROPERTY, SHE CONCLUDED THAT AN M-44 KILLED HER DOG. WS NEVER SAW THE DOG'S CARCASS.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE



DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED ~700
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SPECIES COMMON NAME DOMESTIC DOG	BREED (if known) MIXED BREED
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

IN ACCORDANCE WITH Z6 USE RESTRICTIONS.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes   ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

700 ACRE SHEEP PASTURE.

ADDITIONAL FACTORS

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE